6479 **MARYLAND STATE DEPARTMENT OF HEALTH** 06465

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; Cullen; LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 900 Cathedral Street

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Allen (Last) Bacon or ROY E. AMES

4. DATE OF DEATH: (Month) July (Day) 14, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated

8. DATE OF BIRTH: 12/20/1914

9. AGE last birthday: 39 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Mechanic

11. BIRTHPLACE (State or foreign country): Connecticut

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Allen Bacon

14. MOTHER'S MAIDEN NAME: Amanda Thibeault

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 042-28-6959

17. INFORMANT AND ADDRESS: George Allen Bacon, 900 Cathedral St., Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 4 years.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) ; (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1954, to July 14, 1954, that I last saw the deceased alive on July 14, 1954, and that death occurred at 3:30 a. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Cullen, Maryland DATE SIGNED July 14, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Removal; DATE THEREOF 7-16-54; NAME OF CEMETERY OR CREMATORY Rose Hill Mem. Park; LOCATION (City, town, or county) Rocky Hill, Conn. (State)

DATE REC'D BY LOCAL REG. 7/14/54; REGISTRAR'S SIGNATURE [signature]; 24. FUNERAL DIRECTOR ADDRESS WM. COOK, St. Paul and Preston, Balto. Md.

7-16-54 A. W. Resnick 151

VS. A15

RECEIVED
JUL 15 1954
BUREAU V. S.

6501

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06466

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cullen — LENGTH OF STAY (in this place) 687 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1421 Stromeyer Way

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Hope	Bain	July	1,	19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	10/3/1919	34 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Laborer	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles H. Bain	Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	215-12-3421	Charles Hope Bain, 1421 Stromeyer Way., Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	6 years.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 13, 1952, to July 1, 1954, that I last saw the deceased alive on July 1, 1954, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE J. H. Lyon (Degree or title) M.D. ADDRESS Cullen, Maryland DATE SIGNED July 2, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/5/54	Mooreland Mem. Com.	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7/2/54	J. H. Lyon	M. L. Creager & Son, Thurmont, Maryland

RECEIVED
JUL 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06467

6502

CERTIFICATE OF DEATH

Reg. Dist. No. 144

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont X
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Thurmont
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) Grace (Last) Baxter

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Nov. 19. 1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Thurmont. Fredk Co. MD

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John M. Martin

14. MOTHER'S MAIDEN NAME: Laura V. Lohr

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: Mrs Raymond Eyler Thurmont. MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (422.1)	(a) Myocardial failure	8 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic myocarditis	?
	DUE TO (c) Arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1951, to July 3, 1954, that I last saw the deceased alive on July 3, 1954, and that death occurred at 5:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. Franklin Buriel M.D. ADDRESS Thurmont Md. DATE SIGNED July 5 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF July 6. 1954

NAME OF CEMETERY OR CREMATORY Blue Ridge Cemetery

LOCATION (City, town, or county) Thurmont Md. (State)

DATE RECD BY LOCAL REGISTRAR July 6 1954

REGISTRAR'S SIGNATURE Blanche S. Eyler

24. FUNERAL DIRECTOR M.L. Creager & Son. Thurmont. MD ADDRESS

RECEIVED
JUL 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06468

6503

CERTIFICATE OF DEATH

Reg. Dist. No. 132

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1E

1. PLACE OF DEATH:

COUNTY: Frederick — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middletown X

LENGTH OF STAY (in this place): 15 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Green St. X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Frederick

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middletown X

STREET ADDRESS (If rural give location): Green St.

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) THOMAS (Last) BITTLE

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Widowed	April 12, 1872	82 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Merchant	Own Gen. Mdse.	Ellerton Frederick Co.	Md. U.S.A.

13. FATHER'S NAME: Thomas F. Bittle

14. MOTHER'S MAIDEN NAME: Mary Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	none	Paul F. Bittle, Myersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 4 hr

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-12, 1954, to 7-13, 1954, that I last saw the deceased alive on 7-12-54, 19..., and that death occurred at 9:00 AM from the causes and on the date stated above.

SIGNATURE: J E Harp — (Degree or title) Md — ADDRESS: Middletown — DATE SIGNED: 7-15-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July, 16, 1954	S. Paul's Lutheran	Myersville, Fred. Co. Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 15 54	Marie Gladhill	M.L. Creager & Son	Thurmont, Md.

RECEIVED
JUL 27 1954
BUREAU V. S.

6504

06469

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Ward
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 100 West 5th Street

3. NAME OF DECEASED (Type or Print) (First) Kazan (Middle) Anthonette (Last) Bowens

4. DATE OF DEATH (Month) July (Day) 17 (Year) 1954

5. SEX F

6. COLOR OR RACE N

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify)

8. DATE OF BIRTH 15 July 54

9. AGE last birthday — yrs. If under Months — 1 year Days 2 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Frederick - Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Waldon E. Bowens

14. MOTHER'S MAIDEN NAME Catherine Bowens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Annabel Bowens Mt Pleasant

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.5

Immediate cause (a) Sclerema — INTERVAL BETWEEN ONSET AND DEATH 12 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity — 48 hours

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aletelectasis, Rt upper Lobe

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 July, 1954, to 17 July, 1954, that I last saw the deceased alive on 17 July, 1954, and that death occurred at 9 30 p m., from the causes and on the date stated above.

SIGNATURE A.M. Powell Jr. (Degree or title) ADDRESS 220 N. Market, Frederick Md. DATE SIGNED 17 July 54

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial — DATE July 19-54 — NAME OF CEMETERY OR CREMATORY Mt. Pleasant — LOCATION (City, town, or county) Mt Pleasant - Md. (State)

DATE REC'D BY LOCAL REG. 19 July 1954 — REGISTRAR'S SIGNATURE Elizabeth G. Heck — 24. FUNERAL DIRECTOR Charles E. Hicks III — ADDRESS Fred. Md.

2074212311

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06470

6498

CERTIFICATE OF DEATH

Reg. Dist. No. 14-1

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 601 Brunswick St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural, give location) 601 Brunswick St

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) Isaac (Last) Brown

4. DATE OF DEATH: (Month) 7 (Day) 4 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: 3-15-1884

9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Engineer

10b. KIND OF BUSINESS OR INDUSTRY: B+O R.R. Co.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Isaac Brown

14. MOTHER'S MAIDEN NAME: Gertrude Tillett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 705-12-6578

17. INFORMANT & ADDRESS: L. Catherine Brown Brunswick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-28, 1954, to 7-4, 1954, that I last saw the deceased alive on 7-4, 1954, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS Louisville - Va DATE SIGNED 7-5-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 7-6-1954

NAME OF CEMETERY OR CREMATORY Lake View

LOCATION (City, town, or county) Hamilton (State) Va.

DATE REC'D BY LOCAL REG. July 5-54

REGISTRAR'S SIGNATURE Kathryn N. Brown

24. FUNERAL DIRECTOR C. H. Feltz & Bro ADDRESS Brunswick Md.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

6505

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06472

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cullen; LENGTH OF STAY (in this place) 739 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 297 Pulaski Street

3. NAME OF DECEASED (Type or Print): (First) James; (Middle) E.; (Last) Burton

4. DATE OF DEATH: (Month) July; (Day) 30; (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/10/1907

9. AGE last birthday: 47 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant Seaman

10b. KIND OF BUSINESS OR INDUSTRY: Merchant Seaman

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Henry Burton

14. MOTHER'S MAIDEN NAME: Mary Crist

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: 219-05-6544

17. INFORMANT AND ADDRESS: James E. Burton, 297 Pulaski St., Balto. 23, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 9 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 21, 1952, to July 30, 1954, that I last saw the deceased alive on July 30, 1954, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE: J. K. Lyon, M.D. (Degree or title) ADDRESS: Cullen, Maryland DATE SIGNED: July 31, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Buried; DATE THEREOF: 8/3/54; NAME OF CEMETERY OR CREMATORY: Lorraine Park; LOCATION (City, town, or county): Woodlawn, (State): Md.

DATE REC'D BY LOCAL REG. 7/31/54; REGISTRAR'S SIGNATURE: J. K. Lyon

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons; ADDRESS: North Pa. Ave. Balto., Md.

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BUREAU V. S.

Item 11 film G168A 8/12/54 cm 6499

06473
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 141

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
LENGTH OF STAY (in this place) 45 Yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 217 E. Potomac St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural, give location) 217 E. Potomac St.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) L (Last) CANIFORD SR.
4. DATE OF DEATH (Month) JULY (Day) 27, (Year) 19 54

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED
8. DATE OF BIRTH: SEPT. 18-1891
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): CONDUCTOR
10b. KIND OF BUSINESS OR INDUSTRY: B+O R.R. Co
11. BIRTHPLACE (State or foreign country): W. Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JAMES W. CANIFORD
14. MOTHER'S MAIDEN NAME: LUCELLE ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 705-05-7937
17. INFORMANT & ADDRESS: Elizabeth K. Canifond Frederick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	CORONARY ARTERY OCCLUSION	MINS.
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	ARTERIOSCLEROTIC HEART DISEASE	YRS.
	DUE TO		
	(c)	DIABETES MELLITUS	YRS.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. NONE
21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY
21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Turner M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7-27-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF 7-30-54
NAME OF CEMETERY OR CREMATORY PARK HEIGHTS
LOCATION (City, town, or county) (State) BRUNSWICK, MARYLAND

DATE REC'D BY LOCAL REG. July 29-54
REGISTRAR'S SIGNATURE Kathryn H Brown
24. FUNERAL DIRECTOR C. H. FEETE AND BRO BRUNSWICK
ADDRESS MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06474

6506

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jefferson ✓
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jefferson
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LILLIE (Middle) FRANCES (Last) CULLER
4. DATE OF DEATH: (Month) July (Day) 27, (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify): Widow
8. DATE OF BIRTH: Jan. 4, 1859
9. AGE last birthday: 95 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Long
14. MOTHER'S MAIDEN NAME: Elizabeth Feaster
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Marie C. Corun, Jefferson, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Occlusion — 7 days

DUE TO

(c) Generalized Arteriosclerosis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/21, 1954, to 7/27, 1954, that I last saw the deceased alive on 7/27, 1954, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

SIGNATURE: A. Talbott Bruce (Degree or title) MD ADDRESS: Jefferson Md DATE SIGNED: 7/27/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 30, 1954
NAME OF CEMETERY OR CREMATORY: Reformed Cemetery
LOCATION (City, town, or county) (State): Jefferson, Maryland
DATE REC'D BY LOCAL REGISTRAR: 29 July 1954
REGISTRAR'S SIGNATURE: Elizabeth G. Heck
24. FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 2
BUREAU V. S.

6507

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06475

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cullen
LENGTH OF STAY (in this place) 760 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 554 S. Rolling Road

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) Turner (Last) Davidson
4. DATE OF DEATH: (Month) July (Day) 9, (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 16, 1890
9. AGE last birthday: 64 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electric pump operator
10b. KIND OF BUSINESS OR INDUSTRY: Electric pump operator
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Howard Davidson
14. MOTHER'S MAIDEN NAME: Ida May Turner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-30-7400
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 2½ years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1952, to July 9, 1954, that I last saw the deceased alive on July 9, 1954, and that death occurred at 4:00 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. G. Lyon, M'd. ADDRESS Cullen, Maryland DATE SIGNED July 12, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/12/54
NAME OF CEMETERY OR CREMATORY Lorraine Park
LOCATION (City, town, or county) (State) Baltimore County, Maryland

DATE REC'D BY LOCAL REG. 7/12/54
REGISTRAR'S SIGNATURE J. G. Lyon
24. FUNERAL DIRECTOR ADDRESS MacNabb & Son, Catonsville, Maryland

VS. A15

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6480

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 131

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) FREDERICK.
LENGTH OF STAY (in this place) 8 HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEM. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
~~CITY~~ OR TOWN (If outside corporate limits write RURAL and give nearest town) BROWNSVILLE
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) NEWTON (Last) DEANER

4. DATE OF DEATH (Month) JULY (Day) 3, (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify): MARRIED

8. DATE OF BIRTH: FEB. 5, 1928

9. AGE last birthday: 26 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): LABOR

10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ALBERT McKINLEY DEANER (DEC)

14. MOTHER'S MAIDEN NAME: ANNA BEL STAUBS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes - ✓ (If Yes, give war or dates of service) U.S. Navy - 2nd W.W.

16. SOCIAL SECURITY No.: 722-12-3674

17. INFORMANT & ADDRESS: BROWNSVILLE, MD. WIFE: DOROTHY VIRGINIA DEANER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) BASILAR FRACTURE OF SKULL	8 HRS
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) CEREBRAL LACERATION	8 HRS
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) HIGHWAY

21c. (City or town) NR. POINT OF ROCKS (County) FREDERICK (State) MD

21d. TIME OF INJURY (Month) 7-3-54 (Day) (Year) 7 00 (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? THROWN FROM PASSENGER VEHICLE

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Furie, M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 7-3-54

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial

DATE THEREOF July 6, 1954

NAME OF CEMETERY OR CREMATORY Church of the Brethren County

LOCATION (City, town, or county) Brownsville Fred. Co. (State) Md

DATE REC'D BY LOCAL REG. July 5, 1954

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

JUL 8 1

06477

6508 MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NR. POINT OF ROCKS
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rte 15S., @TUSCARORA CREEK

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SANDY HOOK
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ARTHUR (Middle) LEE (Last) DEENER

4. DATE OF DEATH: (Month) JULY (Day) 3, (Year) 1954

5. SEX: M E

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH: Oct. 25, 1909

9. AGE Last birthday: 44 yrs. If under 1 year: Months 8 Days 8 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: R.R. Repair Shops

11. BIRTHPLACE (State or foreign country): Brownsville, Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: George Samuel Deaner

14. MOTHER'S MAIDEN NAME: Ella Catherine Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 220-09-9331

17. INFORMANT AND ADDRESS Mrs. Ella M. Deener Box 152, RFD #1, Knoxville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) FRACTURED SPINE, SKULL, LEGS — Interval between onset and death: 10'

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY HIGHWAY

(CITY OR TOWN) (COUNTY) (STATE) RTE 15S, NR POINT OF ROCKS - FREDERICK - MD.

TIME OF INJURY (Month) (Day) (Year) (Hour) JULY 3, 1954 7.00 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? AUTOMOBILE ACCIDENT

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy,~~ Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert J. Dunie, M.D. 620 Lee Place, Frederick Md. 7-3-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7/6/54

NAME OF CEMETERY OR CREMATORY Brownsville Cemetery

LOCATION (City, town, or county) (State) Brownsville, Maryland

DATE REC'D BY LOCAL REGISTRAR 3 July 1954

REGISTRAR'S SIGNATURE Elizabeth J. Fech

24. FUNERAL DIRECTOR ADDRESS F. Donald Eackles, Bolivar, W.Va.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
JUL 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06478

6481 CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 806 East South Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 806 East South Street

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) EDWARD (Last) DEVILBISS

4. DATE OF DEATH: (Month) 7 (Day) 11 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 22 March 1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Paper Hanger

10b. KIND OF BUSINESS OR INDUSTRY: Self-Employed

11. BIRTHPLACE (State or foreign country): Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James E. Devilbiss

14. MOTHER'S MAIDEN NAME: Laura Michael

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT & ADDRESS: 157 W. Patrick St., Miss Nina G. Devilbiss, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular disease DUE TO — Interval Between Onset And Death: 10 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to July 11, 1954, that I last saw the deceased alive on July 10, 1954, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bernard Tamas Jr. M.D. ADDRESS Frederick Md DATE SIGNED July 13, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 14 July 1954

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 13 July 1954

REGISTRAR'S SIGNATURE Elizabeth L. Hack.

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison and Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUL 14 1954
BUREAU V. S.

6509 **MARYLAND STATE DEPARTMENT OF HEALTH** 06479

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cullen — LENGTH OF STAY (in this place): 264 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore City
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
   STREET ADDRESS (If rural, give location): 4940 Eastern Avenue

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) L. (Last) Farber
4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 3/11/1907
9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Unknown to patient
14. MOTHER'S MAIDEN NAME: Unknown to patient
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 288-22-9856
17. INFORMANT AND ADDRESS: Henry L. Farber, 4940 Eastern Ave., Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 20 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 20, 1953, to July 11, 1954, that I last saw the deceased alive on July 11, 1954, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] — ADDRESS: Cullen, Maryland — DATE SIGNED: July 12, 1954

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF: 7/12/54 — NAME OF CEMETERY OR CREMATORY: Anatomical Board — LOCATION (City, town, or county): U Of M Med. School — (State): Balto, Md
DATE REC'D BY LOCAL REG.: 7/12/54 — REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: M.L. Creagr & Son — ADDRESS: Thurmont, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06480

6482

CERTIFICATE OF DEATH

Reg. Dist. No. 13.1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL) OR ~~TOWN~~ and give nearest town: Frederick
LENGTH OF STAY (in this place): 74 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Frederick
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Brunswick
STREET ADDRESS (If rural, give location): 19 West B

3. NAME OF DECEASED: (Type or Print) (First) Wm C. (Middle) Floyd (Last) Fiete

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single

8. DATE OF BIRTH: 3-14-1894

9. AGE Last Birthday: 60 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer Director

10b. KIND OF BUSINESS OR INDUSTRY: Funeral

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles H. Fiete

14. MOTHER'S MAIDEN NAME: Clara B. Roller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): World War I

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: B. Lee Fiete Brunswick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Congestive Heart Failure — 6 mo

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 22, 1954 to July 5, 1954, that I last saw the deceased alive on July 5, 1954, and that death occurred at 10 05 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. A. Pearre M.D. Frederick Md July 5 '54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-7-54 — NAME OF CEMETERY OR CREMATORY: Reformed — LOCATION (City, Town, or county) (State): Middletown Md.

DATE REC'D BY LOCAL REGISTRAR: 7 July 1954 — REGISTRAR'S SIGNATURE: Elizabeth B. Hess

24. FUNERAL DIRECTOR: Wm B Hilton — ADDRESS: Barnesville Md.

RECEIVED
JUL 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06481

6510 CERTIFICATE OF DEATH Reg. Dist. No. 144

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catoctin Furnace
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catoctin Furnace
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) First: Frank Middle: Weller Last: Fraley

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Aug. 26, 1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10B. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James H. Fraley

14. MOTHER'S MAIDEN NAME: Sarah Weller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Frank Fraley Thurmont Md. RD I

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Senility — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSE (B) DUE TO Arteriosclerosis — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1954, to July 28, 1954, that I last saw the deceased alive on July 28, 1954 and that death occurred at 9:00 P.M., from the causes and on the date stated above.

SIGNATURE M. Franklin Bucky M.D. ADDRESS Thurmont Md. DATE SIGNED July 30, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF July 31 1954 — NAME OF CEMETERY OR CREMATORY Blue Ridge Cemetery — LOCATION (City, town, or county) (State) Thurmont, Md.

DATE REC'D BY LOCAL REGISTRAR 7/31/54 — REGISTRAR'S SIGNATURE Blanche S. Eyler

24. FUNERAL DIRECTOR M. L. Creager & Son — ADDRESS Thurmont Md.

RECEIVED
AUG 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06482

6483

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11

1. PLACE OF DEATH:
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: Frederick
LENGTH OF STAY (in this place): 11 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X
STREET ADDRESS (If rural give location): Frederick-Rural R.F.D.#2 Baker Valley

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) GILLDS (Last) GEISBERT

4. DATE OF DEATH: (Month) July (Day) 27, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: October 21, 1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hamilton R. Geisbert

14. MOTHER'S MAIDEN NAME: Martha Ellen Ramsburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Martha S. Geisbert, Frederick, R.F.D.#2, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause: (a) Uremia — 2 wks.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic nephritis — 15 yrs ±
DUE TO (c) Generalized arterio-sclerosis (?)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Bilateral bronchio-pneumonia — 24 hours.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 47., to 27 July, 19 54, that I last saw the deceased alive on 26 July, 19 54, and that death occurred at 3:35 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles H. Cooley, Jr. M. D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 7/27/1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 30, 1954 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: 28 July 1954 — REGISTRAR'S SIGNATURE: Elizabeth S. Fleck.

24. FUNERAL DIRECTOR — ADDRESS: M. R. Etchison & Son, Frederick, Maryland

RECEIVED
JUL 29 1954
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06483

6484 CERTIFICATE OF DEATH

Reg. Dist. No. 13 1

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick — LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Emmitsburg, Rt. # 1 Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Dennis (Last) Heiselman
4. DATE OF DEATH: (Month) 7 (Day) 29 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2-14-1909
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Labor
10b. KIND OF BUSINESS OR INDUSTRY: General Labor
11. BIRTHPLACE (State or foreign country): Maryland Frederick Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles E. Heiselman, Sr.
14. MOTHER'S MAIDEN NAME: Louise McNalty
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-16-0747
17. INFORMANT & ADDRESS: Chester E Gleshon Emmitsburg, R.D.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Thrombosis Cerebral Vessels — Interval Between Onset And Death: 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Uremia Sclerosis — 2 yrs +

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-27, 19 54 to 7-29, 19 54, that I last saw the deceased alive on 7-29, 19 54, and that death occurred at 1:35 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) B C Thomas — ADDRESS Frederick Md — DATE SIGNED July 29-1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 31, 1954 — NAME OF CEMETERY OR CREMATORY St. Anthonys Shrine — LOCATION (City, town, or county) Emmitsburg R.D.1 — (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug 3-1954 — REGISTRAR'S SIGNATURE Elizabeth G. Herb.

24. FUNERAL DIRECTOR S. L. Allison — ADDRESS Emmitsburg, Md.

S. L. Allison

RECEIVED
AUG 5
BUREAU V. S.

6511

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06484

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Prince Geo. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cullen; LENGTH OF STAY (in this place) 354 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; STREET ADDRESS (If rural, give location) 4331 Clagett Road

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Hezekiah	A.	Harris, Jr.		July	4	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	7/31/1878	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Iron Worker	Iron works	Richmond, Virginia	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hezekiah A. Harris, Sr.	Elizabeth Hobbleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs. Park Motley (Daughter) 4331 Clagett Rd Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Pulmonary Tuberculosis	10 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 15, 1953, to July 4, 1954, that I last saw the deceased alive on July 4, 1954, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Cullen, Maryland July 7, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
cremation	7/7/54	Cedar Hill	Suitland	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/8/54	[signature]	F. Gasch's Sons	Hyattsville, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

— MARGIN RESERVED FOR BINDING

RECEIVED
JUL 8 1954
BUREAU V. S.

06485

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6512 CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND

~~CITY~~, (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town): Frederick-Rural R.F.D.#5

LENGTH OF STAY (in this place): X 80-Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rocky Springs

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick

~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): X Frederick-Rural R.F.D.#5

STREET ADDRESS (If rural give location): Rocky Springs

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) HENRY (Last) THOMAS HILDEBRAND

4. DATE OF DEATH: (Month) July (Day) 7, (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Dec. 4, 1866	87 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Truck Farmer	OWn	Maryland	USA

13. FATHER'S NAME: Frederick Hildebrand

14. MOTHER'S MAIDEN NAME: Delila Crebs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
4 No	No	None	Mrs. Mary S. Hildebrand, Frederick R.F.D.#5, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio - sclerotic Cardio - DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Vascular Disease DUE TO

(c)

Interval Between Onset And Death: 5 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ NO

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1 ,1946. , to July 7 , 1954 , that I last saw the deceased alive on July 6 , 1954 and that death occurred at 4:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Bernard O. Thomas M. D.	Frederick, Maryland	7/7/1954

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 9, 1954	Rocky Springs Cemetery	Frederick County, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8 July 1954	Elizabeth G. Fels.	M. B. Etchison & Son,	Frederick, Maryland

VS. A15

RECEIVED
JUL 9 1954
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06486

6513

CERTIFICATE OF DEATH

FREDERICK, Rt., 5, Braddock, Maryland. FREDERICK, Rt., 5. Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY FREDERICK, MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS BRADDOCK

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND. COUNTY FREDERICK
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL. X
STREET ADDRESS (If rural give location) BRADDOCK

3. NAME OF DECEASED: (Type or Print) (First) ALEXIS (Middle) R. (Last) KLEIN.

4. DATE OF DEATH: (Month) July (Day) 20, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: April, 17, 1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months 2 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming.

11. BIRTHPLACE (State or foreign country): Frederick, County Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Samuel Klein

14. MOTHER'S MAIDEN NAME: Elizabeth Catherine Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 7

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Wife, Anna E. Klein, Frederick, Rt., 5.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 X

Immediate cause (a) Uremia — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Thrombic Cerebral vessels — 7 days

DUE TO

(c) Arteriosclerosis — 10 yrs +

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1954, to July 20, 1954, that I last saw the deceased alive on July 19, 1954, and that death occurred at 8 30 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) B. Thomas MD ADDRESS Frederick, Md DATE SIGNED 7/21/54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) BURIAL DATE THEREOF July 22, 1954 NAME OF CEMETERY OR CREMATORY Mt. Olivet, Cem. LOCATION (City, town, or county) FREDERICK, Maryland. (State)

DATE REC'D BY LOCAL REGISTRAR 21 July 1954 REGISTRAR'S SIGNATURE Elizabeth G. Heck.

24. FUNERAL DIRECTOR Robert E. Dailey, ADDRESS FREDERICK, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06487

6514

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge X
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural X

2. USUAL RESIDENCE (HOME) OF DECEASED:
Maryland Frederick COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Union Bridge
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) DANIEL (Last) LONG

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 3/23/1890
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: manager
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Thomas Long
14. MOTHER'S MAIDEN NAME: Martha Ellen Black

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: 215-32-1504
17. INFORMANT & ADDRESS: Gladys Long, Union Bridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of tongue — Interval Between Onset And Death 18 mos.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to July 29, 1954, that I last saw the deceased alive on July 26, 1954 and that death occurred at 2:20 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) Ora W. Beall M.D. ADDRESS Libertytown Md. DATE SIGNED 7/29/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/1/54
NAME OF CEMETERY OR CREMATORY Linganore Cemetery
LOCATION (City, town, or county) (State) Unionville, Md.

DATE REC'D BY LOCAL REGISTRAR July 30, 1954
REGISTRAR'S SIGNATURE Leslie Q. Kipp
24. FUNERAL DIRECTOR D. D. Harbler & Sons ADDRESS Union Bridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 2 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06488

CERTIFICATE OF DEATH

Reg. Dist. No. 7-1

6500

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Brunswick
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 307 West Potomac

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural, give location) 307 West Potomac

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Roller (Last) Mace

4. DATE OF DEATH: (Month) 7 (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 23 1890

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Furniture

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W. Mace

14. MOTHER'S MAIDEN NAME: Betty Humphrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Edith Fullers Mace Brunswick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
4201
Immediate cause (a) Coronary Occlusion DUE TO — INTERVAL BETWEEN ONSET AND DEATH: Instt
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/14, 1954 to 7/14, 1954, that I last saw the deceased alive on 7/12, 1954 and that death occurred at 7 a.m., from the causes and on the date stated above.
SIGNATURE AND DEGREE OR TITLE: [signature] ADDRESS: Brunswick Md DATE SIGNED: 7/15/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7-17-54
NAME OF CEMETERY OR CREMATORY: Green Hill
LOCATION (City, town, or county) (State): Martinsburg W Va

DATE REC'D BY LOCAL REG.: July 16-54
REGISTRAR'S SIGNATURE: Kathryn H. Brown
24. FUNERAL DIRECTOR: C. H. Feete & Bro
ADDRESS: Brunswick Md

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 20
BUREAU V. S.

C485

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 06489

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) FREDERICK
LENGTH OF STAY (In this place) YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 221 N. MARKET ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
STREET ADDRESS (If rural, give location) 221 N. MARKET ST.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) LAKIN (Last) McCLEERY

4. DATE OF DEATH (Month) JULY (Day) 5, (Year) 19 54

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): WIDOW

8. DATE OF BIRTH: April 26, 1883

9. AGE last birthday: 71 yrs

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Lakin

14. MOTHER'S MAIDEN NAME: Mary Gerry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: 10 South 20th Street, Miss Isabel Lakin, Harrisburg, Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	MYOCARDIAL INFARCTION	2 DAYS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	ARTERIOSCLEROTIC HEART DISEASE	YRS.
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. NONE

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Irvine, M. D.
CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7-5-54

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial
DATE THEREOF July 7, 1954
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 6 July 1954
REGISTRAR'S SIGNATURE Elizabeth L. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06490

6486 CERTIFICATE OF DEATH Reg. Dist. No. (3)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 East Second Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 19 East Second Street

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) CLINTON (Last) McSHERRY

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widowed

8. DATE OF BIRTH: January 10, 1888

9. AGE Last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Lawyer

10b. KIND OF BUSINESS OR INDUSTRY: Private practice

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James McSherry

14. MOTHER'S MAIDEN NAME: Clara Louise McAleer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-10-1465

17. INFORMANT & ADDRESS: Mr. W. Clinton McSherry, Jr.--19 E. Second St. Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease

(c)

Interval Between Onset And Death: (a) 6 mo. (b) (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Prostate. 4 years

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 31, 1953, to July 14, 1954, that I last saw the deceased alive on July 14, 1954, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or Title) A. A. Deare, M.D. ADDRESS Frederick Md. DATE SIGNED 7/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 17, 1954 NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery LOCATION (City, town, or county) Frederick, (State) Maryland ADDRESS

DATE REC'D BY LOCAL REGISTRAR 16 July 1954 REGISTRAR'S SIGNATURE Elizabeth S. Hede

24. FUNERAL DIRECTOR C. E. Cline & Son--8 East Patrick Street Frederick, Maryland

RECEIVED
JUL 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06491

6515 CERTIFICATE OF DEATH Reg. Dist. No. 134

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural Emmitsburg, | LENGTH OF STAY (in this place) 11 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emmitsburg, R.D.# 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Emmitsburg, Md.
STREET ADDRESS (If rural give location) Emmitsburg, R.D.# 1

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Manzella (Last) Miller

4. DATE OF DEATH: (Month) July (Day) 7, (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Jan. 9, 1891 | 9. AGE last birthday: 63 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11 BIRTHPLACE (State or foreign country): Frederick Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John H. Wetzel

14. MOTHER'S MAIDEN NAME: Mary E. Flohr

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: None | 17. INFORMANT & ADDRESS: Charles L. Miller Emmitsburg, Md R.D.#1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio renal disease. Interval Between Onset And Death 2 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) arterio sclerosis ?
DUE TO (c) Mass in abdomen - undiagnosed

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1954 to July 7, 1954 that I last saw the deceased alive on July 7, 1954 and that death occurred at 2 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) Ira M. Henderson, M.D. ADDRESS Fairfield, Pa DATE SIGNED July 7, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 10, 1954 | NAME OF CEMETERY OR CREMATORY New St. Joseph's | LOCATION (City, town, or county) Emmitsburg, Frederick Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 9 - 1954 | REGISTRAR'S SIGNATURE M. F. Shuff

24. FUNERAL DIRECTOR S. L. Allison ADDRESS Emmitsburg, Md.

S. L. Allison

VS. A15

RECEIVED
JUL 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06492

6487 CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 416 West Patrick Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
STREET ADDRESS (If rural give location) 416 West Patrick Street

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) EDWARD (Last) NEWTON

4. DATE OF DEATH: (Month) July (Day) 26, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify): Widow

8. DATE OF BIRTH: July 16, 1864

9. AGE last birthday: 90 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Newton

14. MOTHER'S MAIDEN NAME: Virginia May

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: 416 West Patrick Street, Mrs. Harl Compher, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible] Senility — Interval Between Onset And Death: years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6, 1954, to July 26, 1954, that I last saw the deceased alive on July 21, 1954, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Geo. R. Martin M.D. Frederick, Maryland 7/27/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 28, 1954
NAME OF CEMETERY OR CREMATORY Mount Pleasant Cemetery
LOCATION (City, town, or county) (State) Taylorstown, Virginia

DATE REC'D BY LOCAL REGISTRAR 27 July 1954
REGISTRAR'S SIGNATURE Elizabeth S. Keh.

24. FUNERAL DIRECTOR ADDRESS
M. R. Etchison & Son, Frederick, Maryland

JUL 28 1954

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06493

6488 CERTIFICATE OF DEATH Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
MARYLAND
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 Lincoln Apts.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 4 Lincoln Apts.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Edward (Last) Only
4. DATE OF DEATH: (Month) Jul (Day) 18 (Year) 1954

5. SEX: male
6. COLOR OR RACE: Colored
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): Widowed
8. DATE OF BIRTH: Feb. 13, 1866
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Junk Dealer
10b. KIND OF BUSINESS OR INDUSTRY: Junk
11. BIRTHPLACE (State or foreign country): Frederick, Co.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Thomas Only
14. MOTHER'S MAIDEN NAME: Mary Joyce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Robert Onley 4 Lincoln Apts, Fred. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ch. Cardio Renal Vascular Disease DUE TO — Interval Between Onset And Death: 10 Yr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-2, 1934, to 7-17, 1954, that I last saw the deceased alive on 7-17, 1954, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or Title) H. C. Baumgardner M.D. ADDRESS Frederick Md. DATE SIGNED 7-20-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 21, 1954 NAME OF CEMETERY OR CREMATORY Fairview LOCATION (City, town, or county) (State) Frederick, Md.

DATE REC'D BY LOCAL REGISTRAR 21 July 1954 REGISTRAR'S SIGNATURE Elizabeth L. Heck

24. FUNERAL DIRECTOR Charles E. Hicks III ADDRESS Fred. Md.

RECEIVED
JUL 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6516 CERTIFICATE OF DEATH

06494

Reg. Dist. No. 134

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg, Md.
LENGTH OF STAY (in this place) 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Margaret (Middle) Cecilia (Last) Payne

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 29, 1864

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Rockville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Gingell

14. MOTHER'S MAIDEN NAME: Mary Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: J. William Payne Emmitsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 443 X (a) Cerebral Thrombosis — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Generalized Arteriosclerosis — several years

DUE TO

(c) Hypertensive Cardio-vascular disease — many years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intertrochanteric fracture right hip. — 4 months

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1953, to July 11, 1954, that I last saw the deceased alive on July 10, 1954, and that death occurred at 6 A M, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles R. Williams M.D. Emmitsburg, Md. July 11, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 13, 1954 NAME OF CEMETERY OR CREMATORY St. Joseph's LOCATION (City, town, or county) (State) Emmitsburg, Frederick Co. Md.

DATE REC'D BY LOCAL REGISTRAR July 12-1954 REGISTRAR'S SIGNATURE M. F. Sluff

24. FUNERAL DIRECTOR S. L. Allison ADDRESS Emmitsburg, Md.

S. L. Allison

RECEIVED
JUL 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06495

CERTIFICATE OF DEATH

6517 Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick
CITY, OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near Frederick- Route 6
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital X
MARYLAND LENGTH OF STAY (in this place) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Route 6 — near Frederick
STREET ADDRESS (If rural give location) Route 6

3. NAME OF DECEASED: (Type or Print) (First) HANNAH (Middle) SARAH (Last) PILSON

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: August 23, 1912

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eugene Doody, Sr.

14. MOTHER'S MAIDEN NAME: Bertha Burns

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mr. Samuel B. Pilson--Route 6--Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Cancerous of left breast with wide spread Metastases — Interval Between Onset And Death: 2 Yrs ago.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-23, 1952 to 7-7, 1954, that I last saw the deceased alive on 6-24, 1954 and that death occurred at 7:30 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ed R Martin, M.D. Frederick Md 7-10-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 10, 1954
NAME OF CEMETERY OR CREMATORY Frederick Memorial Park
LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REGISTRAR 9 July 1954
REGISTRAR'S SIGNATURE Elizabeth L Lech.
24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son--8 East Patrick Street Frederick, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 12 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06496

6489 CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL) OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) Since 4/21/54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Walkersville
STREET ADDRESS (If rural give location) Main Street

3. NAME OF DECEASED: (Type or Print) (First) VIRGIE (Middle) MAUDE (Last) RAMSBURG
4. DATE OF DEATH: (Month) 7 (Day) 10 (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: 18 April 1888
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Augustus E. Roderick
14. MOTHER'S MAIDEN NAME: Clara M. Crouse
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 215-10-2506
17. INFORMANT & ADDRESS: Mrs. Harry A. E. Morgan, Walkersville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Inanition	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Metastatic carcinoma right lung & pleura, synchronous lymph nodes	
	DUE TO (c) Carcinoma of the uterus	6 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 April, 1948, to 10 July, 1954, that I last saw the deceased alive on 10 July, 1954, and that death occurred at 11:45 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M. D. Walkersville, Maryland 12 July 1954

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~? (Specify) Burial
DATE THEREOF 13 July 1954
NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery
LOCATION (City, town, or county) (State) Woodsboro, Maryland
DATE REC'D BY LOCAL REGISTRAR 13 July 1954
REGISTRAR'S SIGNATURE Elizabeth S. Stahl
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison and Son, Frederick, Maryland

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06497

6518 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Mountaindale X
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Mt. Dale
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) LUTHER (Last) RENNER

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: June 8, 1867
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Photographer
10b. KIND OF BUSINESS OR INDUSTRY: Own business
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Franklin Renner
14. MOTHER'S MAIDEN NAME: Sevilla Engle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs Alvey Rice Thurmont R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Cardio [illegible] & Vascular [illegible]
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO

(c)

Interval Between Onset And Death 8 Yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-13, 1954, to 7-14, 1954, that I last saw the deceased alive on 7/14, 1954, and that death occurred at 11:55 A.M., from the causes and on the date stated above.

SIGNATURE A. T. Bourne (Degree or title) Jr. M.D. ADDRESS Tr. Dist. Md. DATE SIGNED 7/14/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 17 1954
NAME OF CEMETERY OR CREMATORY Mt. Prospect
LOCATION (City, town, or county) Lewistown (State) Md.
DATE REC'D BY LOCAL REGISTRAR 16 July 1954
REGISTRAR'S SIGNATURE Elizabeth G. Hack
24. FUNERAL DIRECTOR M. L. Creager & Son ADDRESS Thurmont Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06498

6519 CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Braddock Heights X
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Braddock Heights X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Braddock Heights
STREET ADDRESS (If rural give location) Braddock Heights

3. NAME OF DECEASED: (Type or Print) (First) MAMIE (Middle) FLORENCE (Last) RIDDLEMOSER

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: February 20, 1974

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Month Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jerome Michael

14. MOTHER'S MAIDEN NAME: Eugene Michael

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. J. Herman Mock--Braddock Heights, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis — Interval Between Onset And Death: 4 months

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoma of breast — 8 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to July 1, 1954, that I last saw the deceased alive on June 30, 1954, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) T. R. Schoolman M.D. ADDRESS 228 N Market St DATE SIGNED 7/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 3, 1954 NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery LOCATION (City, town, or county) Frederick, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 2 July 1954 REGISTRAR'S SIGNATURE Marie Gladhill

24. FUNERAL DIRECTOR C. E. Cline & Son--8 Last Patrick Street Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 9 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06499

6490 CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial 30

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) New Windsor
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) I (Last) Richardson
4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify): Single
8. DATE OF BIRTH: 10/2/1885
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: hotel manager
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Charles Richardson
14. MOTHER'S MAIDEN NAME: Alice Devilbiss
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: E. M. Richardson, Westminster, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
445X
Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 7 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardiovascular — ? Yrs.
DUE TO
(c) disease

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/10, 1954, to 7/15, 1954, that I last saw the deceased alive on 7/15, 1954, and that death occurred at 4:45PM from the causes and on the date stated above.
SIGNATURE Henry V. Chase (Degree or title) M.D. ADDRESS 4 E. Church St. Frederick DATE SIGNED 7/15/54

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial
DATE THEREOF 7/19/54
NAME OF CEMETERY OR CREMATORY Frederick Mem. Park
LOCATION (City, town, or county) Frederick (State) Md.
DATE REC'D BY LOCAL REGISTRAR 17 July 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR D. D. Hartzler & Sons ADDRESS New Windsor, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUL 20 19[illegible]
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

06500

2411 N. Charles Street, Baltimore

6491

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fred. Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Walkersville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) EDGAR (Last) RODERUCK

4. DATE OF DEATH (Month) July (Day) 31 (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) married
8. DATE OF BIRTH Aug. 28, 1894
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY own Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George T. Roderuck
14. MOTHER'S MAIDEN NAME Fannie O. Lease

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs. T. Edgar Roderuck, Walkersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis & myocardial infarction	24 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic CVD	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 May, 1953, to 31 July, 1954, that I last saw the deceased alive on 31 July, 1954, and that death occurred at 1.15 p.m., from the causes and on the date stated above.

SIGNATURE James C. Horner Jr. (Degree or title) MD ADDRESS Walkersville, Md DATE SIGNED 2 August 1954

23. BURIAL ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF Aug. 3, 1954
NAME OF CEMETERY ~~OR CREMATORY~~ Trade
LOCATION (City, town, or county) Walkersville (State) Md.

DATE REC'D BY LOCAL REG. 2 Aug. 1954
REGISTRAR'S SIGNATURE Elizabeth S. Hack.
24. FUNERAL DIRECTOR T. C. Barton, Walkersville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3 1 ...
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06501

6492 CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL) OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Airy
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Allie (Middle) L. (Last) Runkles

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: 2/5/06

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Bernard F. Runkles

14. MOTHER'S MAIDEN NAME: Irene Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Carcinomatosis — Interval Between Onset And Death: 2 Yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Carcinoma of Stomach — 2 Yrs +.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obstruction of Bile Duct — 6 mo.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 22, 1954, to July 20, 1954, that I last saw the deceased alive on July 20, 1954, and that death occurred at 8.35 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Henry V. Chase M.D. 45 Church St Frederick 7/21/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7-22-1954 — NAME OF CEMETERY OR CREMATORY Prospect — LOCATION (City, town, or county) Frederick Co. — (State) Md.

DATE REC'D BY LOCAL REGISTRAR 22 July 1954 — REGISTRAR'S SIGNATURE Elizabeth S. Hahn.

24. FUNERAL DIRECTOR C. M. Waltz — ADDRESS Winfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 27 1
BUREAU V. S.

6520 MARYLAND STATE DEPARTMENT OF HEALTH 06502

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

Item 12 film G168A 7/27/54 cm

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cullen; LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2108 E. Baltimore Street

3. NAME OF DECEASED (Type or Print): (First) Anna; (Middle); (Last) Saar
4. DATE OF DEATH: (Month) July; (Day) 20; (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: 5/15/1869
9. AGE last birthday: 85 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Estonia
12. CITIZEN OF WHAT COUNTRY? Estonia
13. FATHER'S NAME: Rommal Saar
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Anna Saar, 2108 E. Balto. St., Balto., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 6 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1954, to July 20, 1954, that I last saw the deceased alive on July 20, 1954, and that death occurred at 8:05 p. m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature], M.D. Cullen, Maryland July 21, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7/23/54 NAME OF CEMETERY OR CREMATORY Most Holy Redeemer LOCATION (City, town, or county) 4430 Belair Rd. (State) Md.
DATE REC'D BY LOCAL REG. 7/21/54 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Dippel Bros. ADDRESS 1800 E. Lombard St. Balto., Md.

RECEIVED
JUL 22 1
BUREAU V. S.

6521 **MARYLAND STATE DEPARTMENT OF HEALTH** 06503

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 138

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick — LENGTH OF STAY (in this place) 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riggs Cottage Annex

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Mass — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lincoln
STREET ADDRESS (If rural, give location) Lexington Road

3. NAME OF DECEASED (Type or Print) (First) Marjorie (Middle) [illegible] (Last) Sewall

4. DATE OF DEATH (Month) July (Day) 16 (Year) 1954

5. SEX female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Divorced

8. DATE OF BIRTH 1871

9. AGE last birthday 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Architect and Scenic Artist

10b. KIND OF BUSINESS OR INDUSTRY Architect

11. BIRTHPLACE (State or foreign country) San Francisco Calif

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Wm. C. Sewall — Walton N.Y.

14. MOTHER'S MAIDEN NAME Minnie Moore — N.Y.C. N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mrs. W. Lawrence Gemmill Frederick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastatic Carcinoma of Liver — Few

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Breast — 2 years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION July 52 — **19b. MAJOR FINDINGS OF OPERATION** Carcinoma of Breast

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1946 to July 16, 1954 that I last saw the deceased alive on July 11, 1954 and that death occurred at 1:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph Lewis M.D. — ADDRESS 1 Lexington Road Frederick Md — DATE SIGNED July 19 54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	July 19-1954	Ft. Lincoln Cemetery	Washington D.C.

DATE REC'D BY LOCAL REG. July 18-54 — REGISTRAR'S SIGNATURE Lucian K Falconer

24. FUNERAL DIRECTOR H. E. Folkner — ADDRESS New Market Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

6493

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FREDERICK
LENGTH OF STAY (in this place) 8 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS THREE PINES NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WALKERSVILLE MD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ELSIE (Middle) FLORENCE (Last) SHAFFER
4. DATE OF DEATH (Month) 7 (Day) 4 (Year) 1954
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH 12/28/1871
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JACOB CRAMER
14. MOTHER'S MAIDEN NAME CORDELIA REMSBURG
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS MRS CATHERINE A. AUSHERMAN Brunswick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchial pneumonia	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral artery thrombosis & cortical softening	2 years
	(c) arteriosclerotic CVD	10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 July, 1948, to 4 July, 1954, that I last saw the deceased alive on 3 July, 1954, and that death occurred at 10 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Walkersville Md DATE SIGNED 6 July 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/7/1954
NAME OF CEMETERY OR CREMATORY GLAYDE
LOCATION (City, town, or county) WALKERSVILLE (State) MD

DATE REC'D BY LOCAL REG. 6 July 1954
REGISTRAR'S SIGNATURE Elizabeth G. Hack
24. FUNERAL DIRECTOR G.C.Barton ADDRESS Walkersville Md

JUL 8 19[illegible]
BUFFALO V. S.

6522 **MARYLAND STATE DEPARTMENT OF HEALTH** 06505

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Walkersville — LENGTH OF STAY (in this place): 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Walkersville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) STERLING (Last) SHIPLEY
4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 5, 1866
9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Employed
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Isaac Shipley
14. MOTHER'S MAIDEN NAME: Virginia Pyles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-12-7262
17. INFORMANT AND ADDRESS: Mrs J. Carlton Cook, Walkersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis — 5 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Contusion right hip — 2 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 April, 1954, to 29 July, 1954, that I last saw the deceased alive on 29 July, 1954, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

SIGNATURE: James C. Stover, Jr. (Degree or title) MD — ADDRESS: Walkersville, Md — DATE SIGNED: 30 July 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug. 2 1954 — NAME OF CEMETERY OR CREMATORY: Monocacy — LOCATION (City, town, or county) (State): Beallsville, Montgomery Co. Md.

DATE REC'D BY LOCAL REG.: 31 July 1954 — REGISTRAR'S SIGNATURE: Elizabeth G. Heck — 24. FUNERAL DIRECTOR: G. C. Barton, Walkersville, Md. — ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AUG 3 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06506

6523

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK - RURAL
LENGTH OF STAY (in this place) 14
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montevideo

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Johnsville
STREET ADDRESS (If rural, give location) R.F.D. Union Bridge Md

3. NAME OF DECEASED: (Type or Print) (First) Elsie (ELSIE) (Middle) Virginia (Last) Snyder
4. DATE OF DEATH: (Month) 7 (Day) 10 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): Widowed
8. DATE OF BIRTH: 1866-8-5
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months 11 Days 5 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Frederick
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: John Wolfe
14. MOTHER'S MAIDEN NAME: Sarah Bond
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ?
16. SOCIAL SECURITY NO.: ?
17. INFORMANT & ADDRESS: Mary Clabaugh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1
Immediate cause (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sclerosis 2 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1952, to July 10, 1954, that I last saw the deceased alive on July 16, 1954, and that death occurred at 11 PM m., from the causes and on the date stated above.
SIGNATURE H F Kline M.D. (DEGREE OR TITLE) ADDRESS Frederick Md DATE SIGNED July 11 54

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial DATE THEREOF 7-13-54 NAME OF CEMETERY OR ~~CREMATORY~~ Johnsville Cem. LOCATION (City, town, or county) Johnsville Frederick (State) Md
DATE REC'D BY LOCAL REG. 11 July 1954 REGISTRAR'S SIGNATURE Elizabeth G. Deck
24. FUNERAL DIRECTOR Raymond K. Wright ADDRESS Union Bridge, Md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 14 1954
BUREAU U. S.

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140

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6524

CERTIFICATE OF DEATH

Reg. Dist. No. ~~131~~

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Woodsboro X
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Woodsboro
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Cley (Middle) I. (Last) Stitely

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1954.

5. SEX: F
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): married
8. DATE OF BIRTH: Feb.22,1892
9. AGE last birthday 62yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house work
10B KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Frederick County
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Black
14. MOTHER'S MAIDEN NAME: Lea Anna Foutz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Kenneth Stitley, Woodsboro, Md. R#1

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Hypertensive Cardiovascular disease

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1954, to July 22, 1954, that I last saw the deceased alive on July 9, 1954, and that death occurred at 3:15 PM, from the causes and on the date stated above.

SIGNATURE Barry J. Plunkett, Jr. M. D. ADDRESS Walkersville DATE SIGNED July 23, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF July 25, 1954
NAME OF CEMETERY OR CREMATORY Fairmont
LOCATION (City, town, or county) (State) Libertytown, Md.

DATE REC'D BY LOCAL REGISTRAR 27 July 1954
REGISTRAR'S SIGNATURE ~~Elizabeth G. Hetz~~ Luther Powell
24 FUNERAL DIRECTOR C.O.FUSS & SON ADDRESS Taneytown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
JUL 29 1974
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06508

6494 CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11
LENGTH OF STAY (in this place) 38 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1410 North Market Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11
STREET ADDRESS (If rural give location) 1410 North Market Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) RICHARD (Last) STOTTLEMYER

4. DATE OF DEATH: (Month) 7 (Day) 11 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Widowed

8. DATE OF BIRTH: 6 Oct 1870

9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Molder Operator

10b. KIND OF BUSINESS OR INDUSTRY: Brush Company

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Willis Stottlemyer

14. MOTHER'S MAIDEN NAME: Catherine Shuff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-14-6182

17. INFORMANT & ADDRESS: 1410 N. Market St., Ira W. Stottlemyer, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 1 hour

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c) DUE TO

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1947, to July 11, 1954, that I last saw the deceased alive on July 10, 1954 and that death occurred at 3:50 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Bernard Thomas Jr. M. D. ADDRESS Frederick, Md. DATE SIGNED July 13, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 14 July 1954

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 13 July 1954

REGISTRAR'S SIGNATURE Elizabeth S Keck

24. FUNERAL DIRECTOR M. R. Etchison and Son, Frederick, Maryland ADDRESS

RECEIVED
JUL 14 1954
BUREAU V. S.

6525 06509 (06509)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Frederick MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; LENGTH OF STAY (in this place) Yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 24-A W. All Saints St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick; CITY (If outside corporate limits write RURAL and give nearest town) OR ~~TOWN~~ Frederick; STREET ADDRESS (If rural, give location) 24-A W. All Saints St.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Joseph Benjamin Thomas

4. DATE OF DEATH (Month) (Day) (Year) July 1, 19 54

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, ~~MARRIED,~~ WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: July 26, 1887

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Varied

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Thomas

14. MOTHER'S MAIDEN NAME: Susan Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service) ----

16. SOCIAL SECURITY No.: 220-10-5752

17. INFORMANT & ADDRESS: Daughter: Florence Thomas, 24-A All Saints St., Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Congestive heart failure	3 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypertensive heart disease	yrs.
	DUE TO (c)	Benign Nephrosclerosis	yrs.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. None

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Turie, M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 7-1-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF July 3-54

NAME OF CEMETERY OR CREMATORY Sunny Side

LOCATION (City, town, or county) (State) Sunny Side - Fred. Co. Md.

DATE REC'D BY LOCAL REG. 2 July 1954

REGISTRAR'S SIGNATURE Elizabeth S. Heck

24. FUNERAL DIRECTOR Charles E. Hicks III

ADDRESS Fred. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06510

0526 CERTIFICATE OF DEATH Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adamstown X
LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Adamstown

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Adamstown X
STREET ADDRESS (If rural give location) Adamstown

3. NAME OF DECEASED: (Type or Print) (First) OTHO (Middle) B. (Last) THOMAS
4. DATE OF DEATH: (Month) July (Day) 9 (Year) 19 54
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: October 30, 1872
9. AGE Last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Otho Thomas
14. MOTHER'S MAIDEN NAME: Bertha Michael Thomas
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Otho Thomas - Adamstown - Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset And Death: 1 week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic pyelonephritis — 8(?) years.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephrectomy, left — 15 yrs.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, to 9 July, 1954, that I last saw the deceased alive on 7 July, 1954, and that death occurred at 1:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles H. Conley Jr. M.D. — ADDRESS Frederick, Maryland — DATE SIGNED 9 July 1954.

23. BURIAL, CREMATION, REMOVAL: (Specify) Burial — DATE THEREOF July 12, 1954 — NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery — LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 9 July 1954 — REGISTRAR'S SIGNATURE Elizabeth S. Keck.

24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son—8 East Patrick Street Frederick, Maryland

VS. A15

RECEIVED
JUL 12 1954
BUREAU OF

C527 **MARYLAND STATE DEPARTMENT OF HEALTH** 06511

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural X
LENGTH OF STAY (In this place) 3 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Smithsburg X
STREET ADDRESS (If rural, give location) R.F.D. #1

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) C. (Last) Toms
4. DATE OF DEATH (Month) July (Day) 8 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify) Widowed
8. DATE OF BIRTH 11-15-1862
9. AGE last birthday 91 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm labor
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME David Toms
14. MOTHER'S MAIDEN NAME ~~Annie~~ Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT Wilbur Toms Smithsburg R.W. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) (1) Cardio-Vascular disease-Terminal syndrome	3 weeks
Antecedent cause(s)	(b) (2) Generalized arteriosclerosis	1 year.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) (3) Arthritis of knees	6 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb. 15, 1954, to July 7, 1954, that I last saw the deceased alive on July 7, 1954, and that death occurred at 3 a. m., from the causes and on the date stated above.

SIGNATURE James K. Gray (Degree or title) M.D. ADDRESS Thurmont DATE SIGNED Md.

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) Burial DATE July 11-1954 NAME OF CEMETERY OR CREMATORY Mt Bethel Cem. LOCATION (City, town, or county) Nr Garfield Fredk.Co. (State) Md

DATE REC'D BY LOCAL REG. 10 July 1954 REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M.L. Creager & Son. ADDRESS Thurmont MD

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 12 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06512

6495 CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 4
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 129 South Market Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick 11
STREET ADDRESS (If rural give location) 129 South Market Street

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) MARKELL (Last) WATERS
4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Single
8. DATE OF BIRTH: July 27, 1867
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Sales Lady
10b. KIND OF BUSINESS OR INDUSTRY: Retail Dry Goods
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Horatio Waters
14. MOTHER'S MAIDEN NAME: Rachael Olivia Hogg
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Harry Castle--Zentz Apts.--Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Carcinomatosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Carcinoma of Rectum

(c)

Interval Between Onset And Death 11 Mos

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 98, 1953, to July 13, 1954 that I last saw the deceased alive on July 13, 1954 and that death occurred at 9:00 p. m. from the causes and on the date stated above.
SIGNATURE (Degree or title) H. Dunne MD ADDRESS Frederick Md DATE SIGNED 7-14-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 16, 1954
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) Frederick, (State) Maryland
DATE REC'D BY LOCAL REGISTRAR 15 July 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR C. E. Cline & Son--8 East Patrick Street Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 16 19
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06513

6496 CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 121 West Second Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 121 West Second Street

3. NAME OF DECEASED: (Type or Print) (First) CARRIE (Middle) J. (Last) WELLER

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widowed
8. DATE OF BIRTH: February 5, 1884
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred B. Kolb
14. MOTHER'S MAIDEN NAME: Alice R. Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. J. Allen Putman--227 East Second Street Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death 1/2 hour

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — 5 yrs +

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1950, to July 11, 1954, that I last saw the deceased alive on July 11, 1954, and that death occurred at 11:30 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) C. O. Thomas M.D. ADDRESS Frederick, Md. DATE SIGNED 7/14/54

23. BURIAL, ~~CREMATION,~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF July 17, 1954
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) Frederick, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 14 July 1954
REGISTRAR'S SIGNATURE Elizabeth G. Hecker
24. FUNERAL DIRECTOR C. E. Cline & Son--8 East Patrick Street Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06514

CERTIFICATE OF DEATH

C497 Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick
CITY (If outside corporate limits, write RURAL) OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS Gambrill Park Road - nr. Frederick (If rural give location)
Hillside Terrace - Gambrill Park Rd.

3. NAME OF DECEASED: (Type or Print) (First) EUNICE (Middle) (Last) KORTHY

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widowed

8. DATE OF BIRTH: May 30, 1890

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Musician

10b. KIND OF BUSINESS OR INDUSTRY: Music

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Ryan

14. MOTHER'S MAIDEN NAME: Nellie M. Winchester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No: None

17. INFORMANT & ADDRESS: Mrs. Nellie M. Winchester—Gambrill Park Rd. nr. Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Carcinoma Rectum	13 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Carcinomatosis	3 months
	(c) DUE TO Uremia	2 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 1953

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum, Local Spread

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1954, to 29 July, 1954, that I last saw the deceased alive on 29 July, 1954, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

SIGNATURE Thomas E Stone (Degree or title) M D ADDRESS 4 West Second St DATE SIGNED 30 July 54

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial | DATE THEREOF July 31, 1954 | NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery | LOCATION (City, town, or county) Frederick (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 30 July 1954 | REGISTRAR'S SIGNATURE Elizabeth S Stech | 24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son—8 East Patrick Street Frederick, Maryland

VS. A15

RECEIVED
AUG 2 1954
BUREAU V. S.

6528

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06515

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cullen | LENGTH OF STAY (in this place) 711 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3701-2
STREET ADDRESS (If rural, give location) 208 S. Eutaw Street

3. NAME OF DECEASED (Type or Print): (First) Ulysses (Middle) Grant (Last) Yerkeson
4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 10/19/1892
9. AGE last birthday: 61 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Metal mold maker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: James Yerkeson
14. MOTHER'S MAIDEN NAME: Amanda Harmon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 234-07-8569
17. INFORMANT AND ADDRESS: Ulysses Grant Yerkeson, Baltimore, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 X

Immediate cause (a) Pulmonary Tuberculosis — 3 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 6, 1952, to July 18, 1954, that I last saw the deceased alive on July 18, 1954, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) D.J. Lyon M.D. — ADDRESS Cullen, Maryland — DATE SIGNED July 19, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) removal — DATE THEREOF - — NAME OF CEMETERY OR CREMATORY - — LOCATION (City, town, or county) Kendallsville (State) Indiana

DATE REC'D BY LOCAL REG. 7/19/54 — REGISTRAR'S SIGNATURE D.J. Lyon

24. FUNERAL DIRECTOR M.L. Creager & Son — ADDRESS Thurmont, Md.

RECEIVED
JUL 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6529 06516

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adamstown X
LENGTH OF STAY (in this place) 78 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Adamstown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ALBERT (Middle) MARION (Last) ZIMMERMAN

4. DATE OF DEATH: (Month) July 30, (Day) (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widower
8. DATE OF BIRTH: October 23, 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Retired Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank M. Zimmerman
14. MOTHER'S MAIDEN NAME: Martha Coblentz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. William Warner, Adamstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 442X (a) Chr Cardiac Renal Vascular Disease — Interval Between Onset And Death 5 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-8, 1952, to 7-30, 1954, that I last saw the deceased alive on 7-29, 1954 and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE M. T. Baum Jr (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 7/31/1954

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial DATE THEREOF Aug. 2, 1954 NAME OF CEMETERY OR CREMATORY Frederick Memorial Park LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 2 Aug 1954 REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3 1954
BUREAU V. S.